

PRTD - Provider Training Detail

This screen is used to display, add or modify training details for a specific person associated to a provider/facility.

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CAFSPTD          PROVIDER TRAINING DETAIL          04/10/2008    14:42
USER ID : C84142    MODIFY
PROV NO : 0007109  001    PROV NAME: MAHONEY SEAN AND SUSANNE
                           FACIL NAME: MAHONEY SEAN AND SUSANNE

LICENSEE          : 00010945  002 MAHONEY, SUSANNE

TRAINING TYPE      : CPR  CARDIO PULMONARY RESUSCITATION

TRAINING DATE      : 02/27/2007

TRAINING CONDUCTED BY : RED CROSS

LENGTH OF TRAINING :    4  HRS

COMMENTS:

PATH:
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Field Descriptions (F12) indicates code lookup is available.

PROV NO (F12)

This field will display the provider number of the provider who was entered on the PRTL (Provider Training List) screen.

PROV NAME

This field will display the name of the provider whose ID is entered in the PROV NO field.

FACIL NAME

This field will display the name of the facility whose ID is entered in the PROV NO field.

LICENSEE (F12)

Enter the CAPS ID (first field) or licensee number (second field) of the person who completed the training.

TRAINING TYPE (F12)

Enter the type of training that was completed.

TRAINING DATE

Enter the date the training was completed.

TRAINING CONDUCTED BY

Enter the name of the individual, group or agency who conducted the training. *This is a free-form text field.*

LENGTH OF TRAINING

Enter the length of the completed training (in hours).

COMMENTS

Enter any free-form text comments regarding the entered training.

Additional Information

None.